

Invitational Travel Authorization



Operational Support Team United States Army Financial Management Command







- **■** Overview of Funds
- **♯** Paying Agent
- **■** Duties and Responsibilities
- **Advancing Procedures**
- **♯** Settling Procedures
- **♯** Overview of Forms
- **POC**
- **♯** References
- # Closing







■ Paying Agent (PA)

- Trained/Certified by the Finance Office
- Ensure ITO forms are filled out properly, pays the traveler, saves receipts and safeguards funds

Requirements

- Commissioned/Warrant Officer
- Enlisted Soldier, E-7 or above
- Exceptions made for E-6, with waiver from BN CDR (O-5 or higher, or Staff principal BDE Level or Higher)
- Appointment as PA is recorded on a DD 577, signed by BN CDR (O-5 or higher, or Staff principal BDE Level or Higher)
- Must be no less than 90 days out from redeployment and 60 days from R&R

UTIES AND RESPONSIBILITIES

■ As a Paying Agent you will:

- Be the central POC for all things related to the ITO
- Ensure that the ITO Advance sheet, 1351-2, 1351-6 and appointment orders are completed properly
- Maintain a transaction register/ledger to track expenses; and balance at least once a day
- Safeguard your funds and receipts
- Review and familiarize yourself with the DSOP#2-Paying Agent Memorandum of Instruction and all other applicable regulations
- Make payments directly to the traveler daily, record them on an 1351-6 and obtain receipts for all purchases.
- Recommended that you make payments directly to the vendor for large purchases. i.e. Hotels and Transportation
- Contact your DA, 10 days before travel advancement / settlement to insure ITO is completed and ready



DUTIES AND RESPONSIBILITIES (CON'T)



■ As a Paying Agent you will not:

- Gamble, invest or use Government funds for personal use
- Mix Government funds with personal funds
- Conduct business under duress
- Entrust your funds to any other individual
- Make payments in advance of receiving goods
- Round up dollar amounts on purchases you make
- Attempt to draw funds from another Finance Office (DA) without prior approval
- Make change for anyone, for any reason

■ Maximum Travelers

To not have more then 10 travelers per PA



DUTIES AND RESPONSIBILITIES (CON'T)



10 Day Rule

 Contact your DA, 10 days before travel advancement / settlement to insure ITO is completed and ready

Loss of Funds

Cease all paying activities and contact your DA

♯ WIA/KIA

- Procedures are outlined in Disbursing SOP#5
- Unit CDR will contact DA



DUTIES AND RESPONSIBILITIES (CON'T)



Pecuniary Liability

As defined by the DoD pecuniary liability is "a personal, joint, or corporate monetary obligation to make good any lost, damaged, or destroyed property resulting from fault or neglect. It may also result under conditions stipulated in a contract or bond."

reference:

http://usmilitary.about.com/od/glossarytermsp/g/p4705.htm

In other words, if you lose the Government's money and it is discovered that the loss occurred because of either your own fault or neglect, you will owe the Government whatever money you lost.

■ Safeguarding Funds

- When the funds and paid vouchers are not physically on your person they must be kept in an approved security container (i.e. a safe or vault) IAW DoDFMR, Vol. 5, Chapter 3
- The PA MUST be the only individual with access to the money
- Receipts are as valuable as cash. If they are lost or not received from the vendor, you may not be reimbursed.



Recommendations



- Issue cash to Travelers daily, keeping 1351-6 secured after being signed
- Payments directly to vendors when ever possible i.e. hotels and transportation.
- Have hotel turn off all paid amenities
- Don't give remaining funds back to Travelers until after settlement is complete
- PA should be involved in the whole ITO Process, not just be the handler of funds.
- Travelers' Per Diem is paid in full whether or not it is fully used; transportation and hotel is only reimbursed at actual expense, not the rate advanced.
- If you drew cash to pay for the expense, pay in cash.
 Credit/Debit card charges will not be reimbursed!







■ Required documents

- TDY Advance Request Sheet
- Escort / Paying Agent Memo
- DD Form 577
- Invitational Travel Order
 - Must list who the PA is going to be on the ITO
- Per Diem Worksheet
 - Check Per Diem/Lodging Website for Rates:
 - http://www.defensetravel.dod.mil/site/perdiemCalc.c fm



TDY Advance Request



Sheet

ITO ADVANCE REQUEST SHEET

IMPORTANT NOTES:

- 1. If you have access to the government credit card, you must withdraw cash from the ATM machine.
- If you are an E7 or GS9 or above, you are required to posses and utilize the government credit card. Approval of advance will be authorized by the Finance Office on a case basis.
- 3. A copy of orders (DD 1610) and the advance request sheet.

COMPONE	NT:	CSTC-A	releas information
Today's Date:	27 August 2010	Departure Date:	29 April 2010
Name:	Haidari, Abdul Rashid	Passport #	000-03-9021
Unit:	GS IG	Duty Phone:	318-237-3148

TDY LOCATION: Fort Belvoir, VA

INFORMATION AND AVAILABLITY OF ROOM RESERVATIONS AT ARMY INSTALLATIONS WORLDWIDE, CALL TOLL FREE FROM GERMANY (0130-81-7065) OR STATESIDE (1-800-162-7691). IF A GOVERNMENT FACILITY IS NOT USED, ENSURE YOU GET THE STATEMENT OF NONAVAILABILITY NUMBER (SNA) AND NAME OF INDIVIDUAL AT THE LODGING FACILITY FOR INCLUSION IN YOUR SETTLEMENT VOUCHER.

AMOUNT REQUESTED: \$4732.00

PA's Requested Amount

SIGNATURE: France Boat DATE: 27 Aug 2010

PA Signs for traveler



Invitational Travel Order





NATO TRAINING MISSION - AFCHANISTAN
COMBINED SECURITY TRANSTRON COMMAND - AFGHANISTAN
KABUL, AFGHANISTAN
APO AE 99396

NTM-A/CSTC-A-COS

Date: 25 March 2010

Per Diem- \$15540 Travel- \$15960 Other- \$30 Total- \$31500

Invitational Travel Order Number: ANA5564TA00553

Name: Group ITOs - See attached list of travelers

Event: A visit by the MOD IG, GS IG, and MOI IG, for office calls with the DoD IG, DAIG, and MWD IG, a visit with the US Army Inspector General School, briefings and discussion panels with the DoD and DAIG departments, and a visit to the US DAIG School.

Occupations: Inspectors General for the MOD, GS, and MOI

- 1. You are invited by the United States Government to visit the U.S. for office calls with the DoD IG, DAIG, and MWD IG, a visit to the US Army Inspector General School, and briefings and discussion panels with the DoD and DAIG departments. The events will occur from 29 April 9 May 2010 in Arlington VA, Fort Belvoir VA, and Washington, D.C. and return. The visit supports the continued development and professionalization of the IG at all levels in the ANA and ANP. You are authorized an advance of \$4732 per traveler. Variation is not authorized during this travel. Actual Expense Allowance (AEA) is not authorized for this trip. Commercial per diem (lodging + M&IE) is payable for this trip. Traveler is authorized to travel via commercial aircraft IAW JFTR/JTR. Reimbursement for VISA fees, baggage transfer fees, excess baggage fees, exit taxes, conference fees, laundry fees, local transportation fees, and communication fees are authorized.
- Combined Security Transition Command- Afghanistan (CSTC-A) is providing you with funds for your lodging, meals and incidental expenses throughout the trip.
- 3. You are required to keep receipts to substantiate all claims to include lodging and other expenses. You are required to file a DD Form 1351-2 travel voucher within 5 days after completion of travel to the Installation Finance Office (Cole House). One copy of this travel order along with copies of all tickets and receipts must be attached to the travel claim when submitted.
- POC for funding of this travel order is SGT Alexander Lebron; CSTC-A, CJ8. DSN 318-237-3148.



Invitational Travel Order (Con't)



☐ If the orders don't specify reimbursement of the expense, the expense WILL NOT be reimbursed.

■ Orders MUST have an accounting line printed on the orders.

Orders must be signed by the Funding Authority J8/CJ8.

Invitational Travel Order Number: ANA5564TA00553 -

Travel Order Number. This is the number entered in Block B of the 1351-2.

Name: BG Abdul Rashid Haidari

Sex: Male

TRAVELERS:

Place of Birth: Panshir, Afghanistan Date of Birth: 7 August 1952 Passport No: SE039021

US Visa No:

Title: Deputy GS Inspector General

For this particular example, this is the traveler's Administrative Data. This information is used to populate the Administrative Data portion of the 1351-2. The Passport Number is used as the traveler's SSN in Block 4.

ITINERARY:

1. Depart Afghanistan on 29 April 2010 to Washington D.C.

a. Visit DOD IG in Arlington, VA

b. Visit DA IG in Arlington, VA

c. Visit the FBI IG, Washington D.C.

d. Visit the HQ, Military District of Washington, Washington D.C.

e. Visit the Department of Homeland Security IG, Washington D.C.

f. Visit DAIG School in Fort Belvoir, VA

2. Depart Washington D.C. to Afghanistan, on 7 May. Arrive in Kabul, Afghanistan on 9 May.

This is the itinerary for the trip. If you daim a TDY location on the 1351-2 that is not induded in the itinerary, the daim is incorrect and rejected until the corrections are made. As noted in Paragraph 1, on the first page of the ITO, **variation** is not authorized. Therefore, the 1351-2 should conform to the given itinerary.

Invitational Travel Order Number: ANA5564TA00553

Travel is chargeable to: Funding for this ANA 10 2091 0000 8A 2084 P1400000AMD 21T2 83R84D TRV0GR84D00001 R84D83 009076

Authorizing/Order-Issuing Official:

Joseph P Buche JOSEPH F. BI CHIE COLLIS Army Chief of Staff Funding Approved:

ALEXANDER LEBRON SGT USA NCOIC, Accounting Account Analyst, CSTC-A CX

Line of Accounting and Approval. This is the most important part of the ITO. If the line of accounting (LOA) and Signatures by the Approving Authority are not present, the order is worthless. The LOA is the source of funding for the ITO. LOAs vary greatly, but the LOA in this example represents the typical LOA.



Per Diem Worksheet Example



Date	State/Country	City/Base	Meals	Incidental	%	1351-6	Lodging	Total	
20-Jun-							Markey		
11	UAE	DUBAI	60.00	27.00	75%	65.25	0.00	65.25	
21-Jun-					100				
11	CALIFORNIA	LONG BEACH	66.00	5.00			123.00	194.00	
22-Jun-					100				
11	CALIFORNIA	LONG BEACH	66.00	5.00			123.00	194.00	
23-Jun-					100				
11	CALIFORNIA	LONG BEACH	66.00	5.00			123.00	194.00	
24-Jun-	04115004114				100		100.00	10400	
11	CALIFORNIA	LONG BEACH	66.00	5.00			123.00	194.00	
25-Jun-	CALIFORNIA	LONG BEACH	66.00	F 00	100		122.00	104.00	
11 26-Jun-	CALIFORNIA	LONG BEACH	66.00	5.00	% 100		123.00	194.00	
20-jun- 11	CALIFORNIA	LONG BEACH	66.00	5.00			123.00	194.00	
27-Jun-	CALIFORNIA	LONG BEACH	00.00	3.00	100		123.00	194.00	
11	CALIFORNIA	LONG BEACH	66.00	5.00			123.00	194.00	
28-Jun-	C/ (LII O') (IV)	LONG BLACH	00.00	3.00	100		123.00	134.00	
11	MISSOURI	ST LOUIS	61.00	5.00			105.00	171.00	
29-Jun-		0. 200.0	02.00	3.00	100		200.00	272.00	
11	MISSOURI	ST LOUIS	61.00	5.00			105.00	171.00	
30-Jun-					100		ARTHUR ENGLISH		
11	MISSOURI	ST LOUIS	61.00	5.00	%	66.00	105.00	171.00	
		FT LEONARD			100				
1-Jul-11	MISSOURI	WOOD	41.00	5.00			78.00	124.00	
		FT LEONARD			100				
2-Jul-11	MISSOURI	WOOD	41.00	5.00			78.00	124.00	
L		FT LEONARD		_	100				
3-Jul-11	MISSOURI	WOOD	41.00	5.00			78.00	124.00	
	MICCOLIDI	CT LOUIS	61.00	F 22	100		105.00	171.00	
4-Jul-11	MISSOURI	ST LOUIS	61.00	5.00			105.00	171.00	
F 1l 1.1	MICCOLIDI	CT LOUIC	61.00	F 00	100		105.00	171.00	
5-Jul-11	MISSOURI	ST LOUIS	61.00	5.00			105.00	171.00	
6-lul-11	MISSOURI	ST LOUIS	61.00	5.00	100 %	66.00	105.00	171.00	
o-jui-11	MISSOURI	31 10013	01.00	5.00	100		50.740 DOCAS.	1/1.00	
7-Jul-11	MISSOURI	ST LOUIS	61.00	5.00			n log	171.00	(
, jui-11	HIJJOOKI	WASHINGTON	01.00	5.00	/0	00.00		1/1.00	T
8-Jul-11	VIRGINIA (DC)	DC	66.00	5 00	75%	53.25	rpoo	53.25	
9-lul-11	AFGHANISTAN	KABUL	22.00		75%			21.00	

Do not spe

mea

8-Jul-11 VIRGINIA (DC) DC 66.00 5.00 75% 53.25 P D D0 53.25
9-Jul-11 AFGHANISTAN KABUL 22.00 6.00 75% 21.00 21.00
Authorized Expenses Per Traveler 1,160.00 123.00 1236.50 1,830.00 \$3,066.50





Pay Agent Memo

- ☐ The terms Pay Agent and Funds Escort Agent are synonymous.
- The Pay Agent memo assigns pecuniary liability to the appointed Pay Agent for all funds received in conjunction with the ITO.
- ☐ The Pay Agent memo authorizes the Pay Agent to receive and safe guard funds for the Traveler.



Escort / Paying Agent Memo





DEPARTMENT OF DEFENSE
HQ, TASK FORCE DIAMOND, 101" FINANCIAL MANAGEMENT COMPANY
JOINT SUSTAINMENT COMMAND JSCA- (143)
BAGRAM AIRFIELD, AFGHANISTAN
APO AE 09354

JSCA-JLC-101 19 May 2011

MEMORANDUM FOR Finance and Accounting Officer, 101st Financial Management Company, Bagram Airfield, APO, AE 09354

SUBJECT: Paying Agent Appointment

- Under the provisions of DODFMR, Volume 5 020602, RANK, NAME, SSN, is appointed as paying agent to MAJ LESLIE A. BARNETT, Disbursing Officer (DO), DSSN 8830.
- 2. PURPOSE: To perform duties as paying agent for (i.e., Operation, Project, Program...)

 From START DATE TO END DATE(NOT TO EXCEED REDEPLOYMENT DATE)
- 3. MAXIMUM ADVANCE: \$MUSTMATCH MAX AMOUNT ON DD577
- 4. ACCOUNTING CLASSIFICATION: SAME AS PR&C
- 5. SPECIAL INSTRUCTION: Paying Agent will be familiar with the contents of DoDFMR Volume 5 and DFAS-IN-37. Paying agent will receive a copy of the 101st Financial Management Company Paying Agent MOI and understand these instructions prior to drawing funds. Funds will not be entrusted or intermingled to others for any purpose. Paying agent is authorized to make official government purchases that have been properly prepared and signed by the accompanying Field Ordering Officer and vendor. Funds and paid vouchers will be secured at all times as required by DODFMR, Vol. 5, chapter 3.

"Signature"

CMDR's Printed Name (O-5 or Above)

Rank and Branch

Title

6. STATEMENT: I accept my appointment as paying agent to MAJLESLIE, A BARNETT, 101st Financial Management Company, and agree to hold myself accountable to the United States for all public funds received. I have been counseled as to my pecuniary liability, given the Standing Operating Procedures, and had all of my questions relating to this appointment answered satisfactorily.

"Signature" Agents Printed Name Rank/Branch Title



Overview of Forms

DD 577 (Appointment)

First Draw

Original Signatures

Maximum Advance

Only Change the two items Marked in BLK 14

APPOINTMENT/TERMINATION RECORD - AUTHORIZED SIGNATURE

(Read Privacy Act Statement and Instructions before completing form.)

PRIVACY ACT STATEMENT

AUTHORITY: E.O. 9397, 31 U.S.C. §§ 3325, 3528, DoD Financial Management Regulation, Vol. 5, Chapter 33, and DoDD 7000.15, DoD Accountable Officials and Certifying Officers.

PRINCIPAL PURPOSE(S): To maintain a record of certifying and accountable officers' appointments, and termination of those appointments. The information will also be used for identification purposes associated with certification of documents and/or liability of public records and funds. ROUTINE USE(S): The information on this form may be disclosed as generally permitted under 5 U.S.C. § 552a(b) of the Privacy Act of 1974, as amended. It may also be disclosed outside of the Department of Defense (DoD) to the the Federal Reserve banks to verify authority of the accountable individual to issue Treasury checks. In addition, other Federal, State and local government agencies, which have identified a need to know, may obtain this information for the purpose(s) identified in the DoD Blanket Routine Uses published in the Federal Register.

DISCLOSURE: Voluntary, however, failure to provide the requested information may preclude appointment. SECTION I - FROM: COMMANDER/APPOINTING AUTHORITY 1. NAME (First, Middle Initial, Last) 2. TITLE 3. DOD COMPONENT/ORGANIZATION NAME OF SIGNATURE IN BLOCK 5 BN CDR/TEAM CHIEF BN BCT 4. DATE (YYYYMMDD) 5. SIGNATURE **BN CDR SIGNS** BN CDR (O-5 OR ABOVE FOR OMA, OPFUNDS AND CLAIMS) DATE TEAM CHIEF (O-4 OR ABOVE FOR TTIF ONLY) SECTION II - TO: APPOINTEE 6. NAME (First, Middle Initial, Last) 7. SSN 8. TITLE PAYING AGENT'S NAME PAYING AGENT'S SSN PAYING AGENT 9. DOD COMPONENT/ORGANIZATION 10. ADDRESS (Include ZIP Code) CO. BN. BCT LOCATION OF UNIT (FOB & APO AE) 11. TELEPHONE NUMBER (Include Area Code) 12. EFFECTIVE DATE OF APPOINTMENT (YYYYMMDD) DSN/VOIP DATE 13. POSITION TO WHICH APPOINTED (X one) CERTIFYING OFFICER ACCOUNTABLE OFFICIAL OTHER (Specify) PAYING AGENT 14. YOU ARE HEREBY APPOINTED TO SERVE IN THE CAPACITY SHOWN ABOVE. YOUR RESPONSIBILITIES WILL INCLUDE: Under the provisions of DODFMR, Volume 5, para 020602, PAYING AGENT'S NAME, is appointed as paying agent to MAJ TIMOTHY J. LANCASTER, Disbursing Officer, 208th Finance Management Company, Camp Liberty, Iraq APO 209344, DSSN 5579 MAXIMUM ADVANCE: \$Dollar Amount SPECIAL INSTRUCTIONS: The Paying Agent is authorized to disburse funds for official government purchases listed below in block 15. The Paying Agent will make authorized purchases using the Standard Form 44 or the DD 1351 optional for multiple guard forces, rewards and detained payments). The funds will not be entrusted to others or intermingled with other funds. The Paying Agent will receive a copy of all applicable regulations and will understand all instructions prior to drawing funds. Funds and paid vouchers must be secured at all times as required by DODFMR, Vol 5, Chapter 3. 15. YOU ARE ADVISED TO REVIEW AND ADHERE TO THE FOLLOWING REGULATION(S) NEEDED TO ADEQUATELY PERFORM THE DUTIES TO WHICH YOU HAVE BEEN ASSIGNED: DoDFMR, Vol. 5, chapter 33; DFAS-IN Regulation 37-1, Chapter 40; DSOP #2-Paying Agent MOI (14Oct07); DSOP #9-Solatium Payments (14Oct07); DSOP #16-CERP Payments (14Oct07); DSOP #17-Rewards Payments (14Oct07); MAAWS book (Feb08) SECTION III - ACKNOWLEDGEMENT OF APPOINTMENT I acknowledge and accept the position and responsibilities defined above. I understand that I am strictly liable to the United States for all public funds under my control. I have been counseled on my pecuniary liability and have been given written operating instructions. certify that my official signature is shown in the box below. 16. PRINTED NAME (First, Middle Initial, Last) 17. SIGNATURE PAYING AGENT'S NAME PAYING AGENT'S SIGNATURE PA SIGNS SECTION IV - TERMINATION OF APPOINTMENT 19. APPOINTEE INITIALS 18. EFFECTIVE DATE (YYYYMMDD) The appointment of the individual named above is hereby revoked. 20. NAME OF COMMANDER/APPOINTING 21. TITLE 22. SIGNATURE AUTHORITY

DD FORM 577, JAN 2004

PREVIOUS EDITIONS ARE OBSOLETE.

APD PE v1.00





Lodging

- **■** Don't pay more than the allowed lodging rate from the DFAS per diem website.
- **♯** Anything overpaid comes out of your pocket.
- ➡ The maximum allowable amount is the total amount per night plus taxes (CONUS and OCONUS)

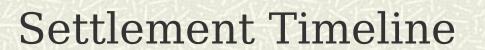






- **♯** Required documents
 - Travel Voucher (1351-2)
 - Multi Pay List (1351-6)
 - ITO (original & amendments)
 - Receipts
 - Advancement paperwork
 - REMAINING CASH







Return:

- Turn in documents and remaining cash to Finance
- Documents sent to Kuwait

R+7:

- Final Per Diem sent from Kuwait
- PA draws remaining Per Diem Funds

■ R+7-10:

- PA returns with Final signed Multiple Payment List
- Final MPL sent to Kuwait

■ R+12:

- Final Closing Documents sent from Kuwait
- PA Closes account at Finance

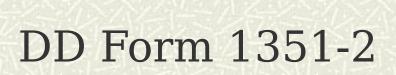




Travel Voucher

- ☐ The travel voucher (1351-2) is broken down into 4 major sections:
 - Administrative Data
 - Itinerary
 - Reimbursable Expenses
 - Signatures
- **♯** Traveler will sign block 20.a. before turning into Finance





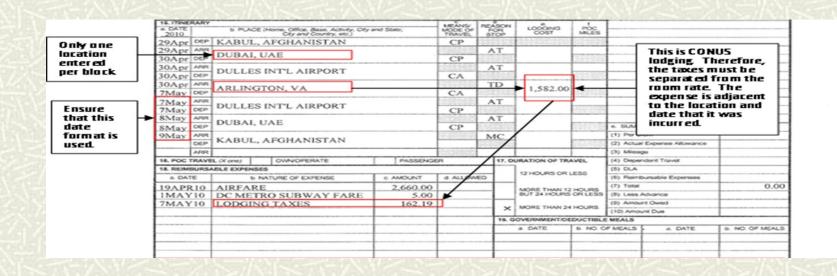


					Tras	eler's Pa	ısspart Num		
	TRAVE	VOUCHER	OR SUBVO	UCHER	complet pencil.	ing form. Us	e typewriter, ink, o s needed, contin	or ball point pen. PR twe in remarks.	ctions on back before RESS HARD. DO NOT use
	1. PAYMENT Electronic Fun Transfer (EFT) Payment by C	d representing to designate	g travel charges for tra e a payment that equa	ansportation, lodging, vis the total of their ou	and rental car i standing gover	you are a civilia nment travel car	d balance to the GTCC	ou efect a different amoun	n of your rembursement it. Military personnel are required \$
	2. NAME (Lost, First, A HAIDARI, AB	DUL RASHI	D		BG		E039021	6. TYPE OF PAYME	Member/Employee
	A PO		6 CIT	AE		c. STATE	d ZP COOE 09356	PCS Dependent(s)	DLA
0	e E-MAIL ADDRESS 7. DAYTIME SCLEPHI ARE CODE 237-1	ME NUMBER &	S. TRAVEL ORDER		9. PREVIO ADVAN		ENT PAYMENTS!	a. D.O. VOUCHER	
Pay Agent's email	11. ORGANIZATION A		N MOD IG					b. SUBVOUCHER	NUMBER
address	12. DEPENDENT(S) (pplicable) X UNACCOMP	ANTO	93. DEPEN	DENTS' ADDRI IS (Include Zip C	ISS ON RECEIPT OF Jode)		
	a. NAME (Last, Fit			C DATE OF BIRT	7			1.081	on DD
					YA. HAVE H	-	COS BEEN SHIPPE (Explain in Remarks)		





DD Form 1351-2 (CON'T)



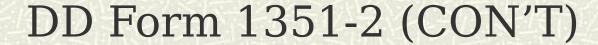




DD Form 1351-2 (CON'T)

Traveler's Signature									
G. REVIEWER'S PROVIDED NAME JAMES BALLEW	a reviewer acoustine	TELEPHONE NUMBER 430-1340	24MAY10						
21.a. APPROVING OFFICIAL'S PRINTED NAME	6. SIGNATURE	c. TELEPHONE NUMBER	d DATE						
25. COLLECTION DATA	gent Name and								
Your Comma	nder's Name and		2						
24. COMPUTED BY 25. AUDITED BY	26. TRAVEL ORDERU 27. RECEIVED (Playor Signature a AUTHORIZATION POSTED BY	and Date or Check No.; 26. A	AMOUNT PAID						
DD FORM 1351-2, MAR 2008	PREVIOUS EDITION MAY BE USED UNTIL SUPPLY IS EXHAUSTED.	Exception to SF 1012 appr	oved byGSA4RMS 12- Adobe Designer						







CODES for Blocks 15c and 15d.

CTIONS

ITEM 15 - ITINERARY - SYMBOLS

15c. MEANS/MODE OF TRAVEL (Use two letters)

GTR/TKT or CBA (See Note)	- T	Automobile	- A
Government Transportation	- G	Motorcycle	- M
Commercial Transportation			- B
(Own expense)	- C		- P
Privately Owned Conveyance (POC)			- R
Conveyance (POC)	- P	Vessel	- V

Note: Transportation tickets purchased with a CBA must not be claimed in Item 18 as a reimbursable expense.

15d, REASON FOR STOP

Authorized Delay	- AD	Leave En Route - LV
Authorized Return	- AR	Mission Complete - MC
Awaiting Transportation	- AT	
Awaiting Transportation Hospital Admittance	- HA	Temporary Duty - TD Voluntary Return - VR
Hospital Discharge	- HD	





Multiple Payments List

- **■** Used to record daily payments to travelers
 - If traveler chooses not to sign, then PA will not provide the Per diem funding.
 - If traveler cannot
- **■** 24 Travelers per form
- **■** New form used each day.



MULTIPLE PAYMENTS



LIST

			MULTIPLE PA	YMENT	S LIS	т		Pag	е	0	of	Pages
AUTHO	RITY-	Title 5 USC 5	5516, 5517, 5520, and 570			CT STATEMENT						
	PAL PURPOSE(S)	Used to suppl	lement DD Form 1351-2."	Travel Vouche	r or Subv	roucher," to substantiate claim me points, and accounting dat	s for reimbursement of talis the same. The i	when mu information	ltiple on co	individua llected m.	is of an org ay also be i	anization used as a
ROUTIN		for verification or foreign law	n of filing information use	d by an individ	lual in a t	oal taxing authorities, to comp tax return; in addition, release cossible prosecution of an indi-	of information on thi	is form m	ay be	made to	Federal, sta	ate, local
DISCLO				quested inform	ation ma	ay result in total or partial deni	al of amount claime	d.				
1. TYP	E OF PAYMENT (Ch	eck applica	able)						D. C	, VOUCE	HER NUME	3ER
	MILITARY PAY (MP)		TRAVEL ALLOWANG	CE (TA)		OTHER (Specify)					PAID BY	
2. PAY	ROLL NUMBER (#a	applicable)				3. DATE OF COMPUTED F	PAYMENT		1			
4. ORG	SANIZATION AND STA	ATION								SN 88		_
101 st	FMCo									1 st FM		
	am Airfield, Afgl	hanistan									Airfield 3,09354	
APO	AE, 09354										Barneti	
										AL FC		▼
5. PAY	EE IDENTIFICATION					e. TRAVEL ORDER OR OTHER	f. AMOUNT				SNATURE CHECK NU	MBER
1	a. LAST	b. FIRST	c. MI	d. SSN		AUTHORITY		+				1
2												2
3												3
4								-				5
6				111				+				6
7												7
8												8
10								+				10
11												11
12												12
13								-				13
15				+::-	_			+				15
16				1								16
17												17
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6. ACC	OUNTING CLASSIFIC	ATION										
				SE STATEME	ENTS AF	RE CORRECT AND PROPE						
a. NAN	IE AND TITLE OF CER	RTIFYING OF	FICER (Please type)			b. CERTIFYING OFFICE	R (Signature)					

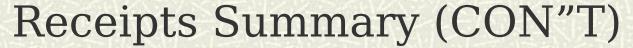




Receipts Summary

- **★** All Receipts, 1351-2's and 1351-6's will be turned into finance of settlement
- **♯** Receipts are the most significant cause for Settlement rejection or incorrect payment
- **♯** Just as the ITO authorizes the TDY travel, receipts authorize all claims for reimbursement
- **♯** All receipts must be in USD
- **■** Receipts must be translated into English
 - Exemption is hotel and transportation receipts







- **♯** Typical receipt deficiencies
 - Missing from claim
 - Illegible
 - Receipt does not reflect a "zero balance"
 - Receipt is in foreign currency (no conversion breakdown)
 - Receipt is not itemized (lodging)



Overview of Forms

(Termination)

BN CDR Signs

PA Initials

Original not required

APPOINTMENT/TERMINATION RECORD - AUTHORIZED SIGNATURE

(Read Privacy Act Statement and Instructions before completing form.)

PRIVACY ACT STATEMENT

AUTHORITY: E.O. 9397, 31 U.S.C. §§ 3325, 3528, DoD Financial Management Regulation, Vol. 5, Chapter 33, and DoDD 7000.15, DoD Accountable Officials and Certifying Officers.

PRINCIPAL PURPOSE(S): To maintain a record of certifying and accountable officers' appointments, and termination of those appointments. The information will also be used for identification purposes associated with certification of documents and/or liability of public records and funds. ROUTINE USE(S): The information on this form may be disclosed as generally permitted under 5 U.S.C. § 552a(b) of the Privacy Act of 1974, as amended. It may also be disclosed outside of the Department of Defense (DoD) to the the Federal Reserve banks to verify authority of the accountable individual to issue Treasury checks. In addition, other Federal, State and local government agencies, which have identified a need to know, may obtain this information for the purpose(s) identified in the DoD Blanker Routine Uses published in the Federal Register.

DISCLOSURE: Voluntary, however, failure to provide the requested information may preclude appointment. SECTION I - FROM: COMMANDER/APPOINTING AUTHORITY 1. NAME (First, Middle Initial, Last) 2. TITLE 3. DOD COMPONENT/ORGANIZATION NAME OF SIGNATURE IN BLOCK 5 BN CDR/TEAM CHIEF BN, BCT 4. DATE (YYYYMMDD) 5. SIGNATURE DATE BN CDR (O-5 OR ABOVE FOR OMA, OPFUNDS AND CLAIMS) TEAM CHIEF (O-4 OR ABOVE FOR TTIF ONLY) SECTION II - TO: APPOINTEE 6. NAME (First, Middle Initial, Last) 8. TITLE PAYING AGENT'S NAME PAYING AGENT'S SSN PAYING AGENT 9. DOD COMPONENT/ORGANIZATION 10. ADDRESS (Include ZIP Code) CO, BN, BCT LOCATION OF UNIT (FOB & APO AE) 11. TELEPHONE NUMBER (Include Area Code) 12. EFFECTIVE DATE OF APPOINTMENT (YYYYMMDD) DSN/VOIP DATE 13. POSITION TO WHICH APPOINTED (X one) CERTIFYING OFFICER **ACCOUNTABLE OFFICIAL** TOTHER (Specify) PAYING AGENT 14. YOU ARE HEREBY APPOINTED TO SERVE IN THE CAPACITY SHOWN ABOVE. YOUR RESPONSIBILITIES WILL INCLUDE: Under the provisions of DODFMR, Volume 5, para 020602, PAYING AGENT'S NAME, is appointed as paying agent to MAJ Norman B. Kirby, Commander, 24th Financial Management Company MAXIMUM ADVANCE: \$Dollar Amount SPECIAL INSTRUCTIONS: The Paying Agent is authorized to disburse funds for official government purchases in accordance with the regulations listed above in block 15. The Paying Agent will make authorized purchases using the Standard Form 44 or the DD 1351-6 (optional for multiple guard forces, rewards and detained payments). The funds will not be entrusted to others or intermingled with other funds. The Paying Agent will receive a copy of all applicable regulations and will understand all instructions prior to drawing funds. Funds and paid vouchers must be secured at all times as required by DODFMR, Vol 5, Chapter 3. 15. YOU ARE ADVISED TO REVIEW AND ADHERE TO THE FOLLOWING REGULATION(S) NEEDED TO ADEQUATELY PERFORM THE DUTIES TO WHICH YOU HAVE BEEN ASSIGNED: DoDFMR, Vol. 5, chapter 33; DFAS-IN Regulation 37-1, Chapter 40; DSOP #2-Paying Agent MOI (14Oct07); DSOP #9-Solatium Payments (14Oct07); DSOP #16-CERP Payments (14Oct07); DSOP #17-Rewards Payments (14Oct07); MAAWS book (01June07) SECTION III - ACKNOWLEDGEMENT OF APPOINTMENT I acknowledge and accept the position and responsibilities defined above. I understand that I am strictly liable to the United States for all public funds under my control. I have been counseled on my pecuniary liability and have been given written operating instructions. I certify that my official signature is shown in the box below. 16. PRINTED NAME (First, Middle Initial, Last) 17. SIGNATURE PAYING AGENT'S NAME PAYING AGENT'S SIGNATURE SECTION IV - TERMINATION OF APPOINTMENT 18. EFFECTIVE DATE 19. APPOINTEE INITIALS (YYYYMMDD) The appointment of the individual named above is hereby revoked. PAYING AGENT'S DATE INITIALS 20. NAME OF COMMANDER/APPOINTING 22. SIGNATURE AUTHORITY BN CDR/TEAM CHIEF SAME AS BLOCK SAME AS BLOCK 1

PREVIOUS EDITIONS ARE OBSOLETE.

DD FORM 577, JAN 2004





POINTS OF CONTACT

- **♯** If you have questions, be sure to direct them to the proper agency:
 - Finance Office
 - Drawing and Clearing
 - DD 1351-2
 - DD 1351-6
 - Kuwait
 - Per Diem Rate
 - Settlement Determination
 - J-8
 - ITO's
 - Amendments







- DoDFMR, Volume 5, Chapters 2 & 3
 - http://www.defenselink.mil/COMPTROLLER/FMR/05/
- **■** Disbursing SOP #2 Paying Agent Memorandum of Instruction
- **■** DFAS Regulation 37-1
- □ The Joint Federal Travel Regulation (JFTR), Vol 1







Things to Remember:

- Paying Agents
 - If you have any questions about what you are doing, ask!
 - Email is the best way to communicate with your DA directly
 - Do not let anyone make you do something with your money that you know you should not do
 - Only make purchases authorized, not what the Traveler wants.
 - Remember Lessons Learned